

Tetanus Surveillance Worksheet

APPENDIX 18

NAME (Last, First)				Hospital Record No.			
Address (Street and No.)			City		County		Zip
Reporting Physician/Nurse/Hospital/Clinic/Lab			Address				Phone

DETACH HERE and transmit only lower portion if sent to CDC

Tetanus Surveillance Worksheet

CDC NETSS ID		County		State		Zip	
Birth Date Month Day Year		Age Unk = 999		Age Type 0 = 0-120 years 3 = 0-28 days 1 = 0-11 months 9 = Unknown 2 = 0-52 weeks		Ethnicity H = Hispanic N = Not Hispanic U = Unknown	
Race N = Native Amer./Alaskan Native A = Asian/Pacific Islander B = African American		W = White O = Other U = Unknown		Sex M = Male F = Female U = Unknown			
Event Date Month Day Year		Event Type 1 = Onset Date 5 = Reported to State or 2 = Diagnosis Date MMWR Report Date 3 = Lab Test Date 9 = Unknown 4 = Reported to County		Reported Month Day Year		Imported 1 = Indigenous 2 = International 3 = Out of State 9 = Unknown	
Report Status 1 = Confirmed 2 = Probable 3 = Suspect 9 = Unknown							
Date Year of Onset Month Day Year		Occupation		Acute Wound Identified? Y = Yes N = No U = Unknown		Date Wound Occurred Month Day Year	
Principal Anatomical Site 1 = Head 9 = Unspecified 2 = Trunk 3 = Upper Extremity 4 = Lower extremity		Work Related? Y = Yes N = No U = Unknown		Environment 1 = Home 4 = Automobile 2 = Other Indoors 5 = Other Outdoors 3 = Farm/Yard 9 = Unknown		Circumstances:	
History of Military Service (Active or Reserve)? Y = Yes N = No U = Unknown		Year of Entry Into Military Service		Principal Wound Type 1 = Puncture 7 = Burn 12 = Animal bite 2 = Stellate Laceration 8 = Frost bite 13 = Insect bite/sting 3 = Linear Laceration 9 = Compound Fracture 14 = Dental 4 = Crush 10 = Other (e.g. with cancer) 15 = Tissue necrosis 5 = Abrasion Specify: 99 = Unknown 6 = Avulsion 11 = Surgery		Wound Contaminated? Y = Yes N = No U = Unknown	
Tetanus Toxoid (TT) History Prior to Tetanus Disease (Exclude Doses Received Since Acute Injury) 0 = Never 3 = 3 doses 1 = 1 dose 4 = 4+ doses 2 = 2 doses 9 = Unknown		Years Since Last Dose 0 - 98 99 = Unknown		Depth of Wound 1 = 1cm. or less 2 = More than 1cm. 9 = Unknown		Signs of Infection? Y = Yes N = No U = Unknown	
Devitalized, Ischemic, or Denervated Tissue Present? Y = Yes N = No U = Unknown							
Was Medical Care Obtained For This Acute Injury? Y = Yes N = No U = Unknown		Tetanus Toxoid (TT) or Td Administered Before Tetanus Onset? Y = Yes N = No U = Unknown		If Yes, TT or Td Given How Soon After Injury? 1 = < 6 Hours 5 = 10-14 Days 2 = 7-23 Hours 6 = 15+ Days 3 = 1-4 Days 9 = Unknown 4 = 5-9 Days			
Wound Debrided Before Tetanus Onset? Y = Yes N = No U = Unknown		If Yes, Debrided How Soon After Injury? 1 = < 6 Hours 5 = 10-14 Days 2 = 7-23 Hours 6 = 15+ Days 3 = 1-4 Days 9 = Unknown 4 = 5-9 Days		Tetanus Immune Globulin (TIG) Prophylaxis Received Before Tetanus Onset? Y = Yes N = No U = Unknown		If Yes, TIG Given How Soon After Injury? 1 = < 6 Hours 5 = 10-14 Days 2 = 7-23 Hours 6 = 15+ Days 3 = 1-4 Days 9 = Unknown 4 = 5-9 Days	
Dosage (Units) 0-998 999 = Unknown		Associated Condition (If no Acute Injury) 1 = Abscess 6 = Other Infection 2 = Ulcer 7 = Cancer 3 = Blister 8 = Gingivitis 4 = Gangrene 88 = None 5 = Cellulitis 99 = Unknown		Describe Condition:		Diabetes? Y = Yes N = No U = Unknown	
If Yes, Insulin-Dependent? Y = Yes N = No U = Unknown		Parenteral Drug Abuse? Y = Yes N = No U = Unknown		Describe Condition:			
Type of Tetanus Disease 1 = Generalized 2 = Localized 3 = Cephalic 4 = Unknown		TIG Therapy Given? Y = Yes N = No U = Unknown		If Yes, How Soon After Illness Onset? 1 = < 6 Hours 5 = 10-14 Days 2 = 7-23 Hours 6 = 15+ Days 3 = 1-4 Days 9 = Unknown 4 = 5-9 Days		Dosage (Units) 0-998 999 = Unknown	
Days Hospitalized 0-998 999 = Unknown		Days in ICU 0-998 999 = Unknown		Days Received Mechanical Ventilation 0-998 999 = Unknown			
Outcome One Month After Onset? R = Recovered C = Convalescing D = Died				If Died, Date Expired Month Day Year			

Tetanus Surveillance Worksheet

NAME (Last, First)			Hospital Record No.		
Address (Street and No.)		City	County	Zip	Phone
Reporting Physician/Nurse/Hospital/Clinic/Lab		Address			Phone

----- DETACH HERE and transmit only lower portion if sent to CDC -----

Tetanus Surveillance Worksheet

NEONATAL (< 28 DAYS OLD)	Mother's Age in Years <input type="text"/> <input type="text"/> 99 = Unknown		Mother's Birthdate <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year		Date Mother's Arrival in U.S. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year		Mother's Tetanus Toxoid (TT) History PRIOR to Child's Disease (Known Doses Only) <input type="checkbox"/> 0 = Never 3 = 3 doses 1 = 1 dose 4 = 4 + doses 2 = 2 doses 9 = Unknown		Years Since Mother's Last Dose <input type="text"/> <input type="text"/> 0 - 98 99 = Unknown	
	Child's Birthplace <input type="checkbox"/> 1 = Hospital 2 = Home 3 = Other 9 = Unknown		Birth Attendant(s) <input type="checkbox"/> 1 = Physician 4 = Unlicensed Midwife 2 = Nurse 5 = Other 3 = Licensed Midwife 9 = Unknown				Other Birth Attendant(s) (If Not Previously Listed)			
	Other Comments? <input type="checkbox"/> Y = Yes N = No U = Unknown		Reporter's Name				Title			
	Institution Name						Phone Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Date Reported <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Day Year	
Clinical Case Definition*: Acute onset of hypertonia and/or painful muscular contractions (usually of the muscles of the jaw and neck) and generalized muscle spasms without other apparent medical cause.										
Case Classification*: Confirmed: A clinically compatible case, as reported by a health-care professional.										
Notes/Other Information:										

*CDC. Case Definitions for Infectious Conditions Under Public Health Surveillance. MMWR1997;46(No. RR-10):39.